

**STATE OF GEORGIA
DEPARTMENT OF DRIVER SERVICES
REGULATORY COMPLIANCE DIVISION
2206 EAST VIEW PARKWAY – P. O. BOX 80447
CONYERS, GA 30013**

Date Issued

Date Expires

APPLICATION FOR RISK REDUCTION PROGRAM DIRECTOR RECERTIFICATION

1. Name: _____
(last, first, middle)

2. Program Address *(include city, zip)*: _____

3. Program Mailing *(include city, zip)*: _____

4. Program Telephone Number: _____ (_____)

5. What program(s) are you directing? *(You may not direct more than five (5) programs)*

PROGRAM NAME

ID NUMBER

LOCATION

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. How many contact hours of DDS approved alcohol/drug or group facilitation courses have you accrued in the past 48 months? _____ *(Verification of all contact hours must be attached) (You may use your instructor recertification contact hours)*

7. Have you ever been arrested for any reason, or have you ever had criminal charges filed against you? Yes ☐ No ☐

IF YES, PLEASE COMPLETE THE FOLLOWING:

| Arrest Location(s) | Month/Year | Charge(s) | Disposition of Charge |
|--------------------|------------|-----------|-----------------------|
| | | | |
| | | | |
| | | | |

8. Are there any proceedings currently pending against you relative to any crimes, misdemeanors or violations? Yes ☐ No ☐ If yes, please provide details: _____

9. Attach a certified copy of your 5-year Motor Vehicle Report (MVR).

DIRECTOR'S STATEMENT

This is to certify that I am applying for director recertification with the DUI, Alcohol or Drug Use Risk Reduction Program. All information on this application and the attached documents is true and correct. I understand that I am responsible for complying with all rules and regulations and all director requirements. I authorize the investigation of all statements contained in this application as may be necessary for a decision regarding my eligibility for director recertification.

I, nor my spouse or dependent child (including stepchild), is an employee of the Department of Driver Services.

I, nor my spouse, dependent child (including stepchild), is a judge, public or private probation officer or employee, law enforcement, peace officer or employee of a court in this State

I FUTHER UNDERSTAND AND AGREE TO COMPLY WITH THE FOLLOWING RULES:

I will maintain the confidentiality of all Program records including, but not limited to assessment results and other components attended. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to the Department of Driver Services.

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR CERTIFICATION.

Signature of Applicant

Date

Sworn to before me this _____ day of _____, _____

GEORGIA DEPARTMENT OF DRIVER SERVICES
2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

| | | | |
|---------------------------------|---|---|-----------------|
| OFFICE USE ONLY FILE NUMBER: | OFFICE USE ONLY DATE APPLICATION RECEIVED: | OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F | OFFICE USE ONLY |
| OFFICE USE ONLY | | | |

CONSENT FOR BACKGROUND INVESTIGATION

| | | | |
|---|--|----------------|-----------------------------------|
| Last Name | First Name | Middle | Date of Birth (MM/DD/YYYY) / / |
| Driver's License Number (Include ALL zeros) | Issue date (Exam date) | State | Social Security Number |
| Current Street Address | | City and State | Zip Code |
| Do you hold any other driver's license(s)? Yes No | If so, list state(s) and license number(s) | | Phone Number |
| Company | | | Phone Number |
| Address | | City and State | Zip Code |
| Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If you are now charged, under indictment, or have court hearings pending for any charges, give details below: | | | |
| | | | |
| | | | |

I hereby apply for a Certificate (to operate a Commercial Truck Driving School, Driver Improvement School, Risk Reduction Program and/or to become an Instructor) to be issued by the Department of Driver Services (DDS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

| | |
|--|---------------|
| Signature | Date |
| THIS CONSENT FORM MUST BE NOTARIZED | |
| Subscribed to and sworn before me: | SEAL OR STAMP |
| Notary Signature | Date |
| My commission expires: | |
| _____ | |

Regulatory Compliance Division